## Case 16-80659 Doc 1 Filed 03/18/16 Entered 03/18/16 12:11:41 Desc Main Document Page 1 of 47

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

B 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Identify Yourself   |   |   |
|---|---|---|
|   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
| Your full name  |   |   |
| Write the name that is on   | Tiffany   |   |
|   | First name  | First name  |
| example, your driver's  | Nicole  |   |
| ilcense or passport).   | Middle name   | Middle name   |
| Bring your picture  | Barmore   |   |
| meeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III)  | Last name and Suffix (Sr., Jr., II, III)  |
|   |   |   |
| All other names you have used in the last 8 years   |   |   |
| Include your married or maiden names.   |   |   |
| Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6462   |   |
|   | Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Bring your picture identification to your meeting with the trustee.  Bring your picture identification to your meeting with the trustee.  Barmore Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number |

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Debtor 1 Tiffany Nicole Barmore

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|--|---|---|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |  |  |  |
|  |   | EINs  | EINs   |  |  |  |
| 5.   | Where you live                                  |   | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | 3232 Blackstone Avenue<br>Rockford, IL 61101  |  |  |  |  |
|  |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | Winnebago<br>County   | County   |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|  |   |   |  |  |  |  |

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Document Case number (if known) Debtor 1 Tiffany Nicole Barmore

| Par | t 2: Tell the Court About   | Your E  | Bankruptcy Ca                                      | ase   |  |   |        |  |  |
|-----|---|---|--|---|--|---|--------|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |  |   |  |   |        |  |  |
|     | choosing to file under  | ■ Chapter 7 □ Chapter 11 □ Chapter 12   |  |   |  |   |        |  |  |
|     |   |   |  |   |  |   |        |  |  |
|     |   |   |  |   |  |   |        |  |  |
|     |   |   | Chapter 13   |   |  |   |        |  |  |
| 3.  | How you will pay the fee  | •   | about how yo                                       | ou may pay. Typ<br>attorney is sub                      | pically, if you are paying the fee you   | with the clerk's office in your local court for more urself, you may pay with cash, cashier's check, or lf, your attorney may pay with a credit card or che   | money  |  |  |
|     |   |   |  |   | tallments. If you choose this options (Official Form 103A).  | n, sign and attach the Application for Individuals t  | to Pay |  |  |
|     |   |   | I request that<br>but is not rec<br>that applies t | at my fee be wa<br>uired to, waive<br>o your family siz | <b>nived</b> (You may request this option your fee, and may do so only if you ze and you are unable to pay the for | only if you are filing for Chapter 7. By law, a judg<br>ur income is less than 150% of the official poverty<br>se in installments). If you choose this option, you<br>official Form 103B) and file it with your petition. | line   |  |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | ■ N   | 0.   |   | o craptor / / mig / co / railou (c   |   |        |  |  |
|     |   |   | District   |   | When   | Case number   |        |  |  |
|     |   |   | District   |   | When   | Case number   |        |  |  |
|     |   |   | District   |   | When   | Case number   |        |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ N   | 0  |   |  |   |        |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Y   | es.  |   |  |   |        |  |  |
|     |   |   | Debtor   |   |  | Relationship to you   |        |  |  |
|     |   |   | District   |   | When   | Case number, if known   |        |  |  |
|     |   |   | Debtor   |   |  | Relationship to you   |        |  |  |
|     |   |   | District   |   | When   | Case number, if known   |        |  |  |
| 11. | ,   | □ N   | o. Go to l   | ine 12.   |  |   |        |  |  |
|     | residence?  | ■ Y   | es. Has yo   | our landlord obta                                       | ained an eviction judgment against   | you and do you want to stay in your residence?  |        |  |  |
|     |   |   |  | No. Go to line  | 12.  |   |        |  |  |
|     |   |   | _  | Yes. Fill out Inbankruptcy per                          |  | udgment Against You (Form 101A) and file it with  | this   |  |  |

| Deb | otor 1 Tiffany Nicole Ba  | rmore                 |                | Document Page 4 of 47  Case number (if known)  |
|-----|---|-----------------------|----------------|--|
| Par | t 3: Report About Any B   | usinesses             | You Own        | as a Sole Proprietor   |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.                 | Go to          | Part 4.  |
|     |   | ☐ Yes.                | Name           | e and location of business   |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                       | Name           | e of business, if any  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |                       | Numb           | per, Street, City, State & ZIP Code  |
|     | it to this petition.  |                       | Chec           | k the appropriate box to describe your business:   |
|     |   |                       |                | Health Care Business (as defined in 11 U.S.C. § 101(27A))  |
|     |   |                       |                | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |
|     |   |                       |                | Stockbroker (as defined in 11 U.S.C. § 101(53A))   |
|     |   |                       |                | Commodity Broker (as defined in 11 U.S.C. § 101(6))  |
|     |   |                       |                | None of the above  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadline<br>operation | s. If you ir   | der Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate andicate that you are a small business debtor, you must attach your most recent balance sheet, statement o low statement, and federal income tax return or if any of these documents do not exist, follow the procedure (1)(B). |
|     | For a definition of small   | ■ No.                 | I am r         | not filing under Chapter 11.   |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                 | I am f<br>Code | iling under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy.  |
|     |   | ☐ Yes.                | I am f         | filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code  |
| Par | t 4: Report if You Own o  | r Have An             | y Hazardo      | ous Property or Any Property That Needs Immediate Attention  |
| 14. | Do you own or have any  | ■ No.                 |                |  |
|     | property that poses or is alleged to pose a threat  | ☐ Yes.                |                |  |
|     | of imminent and identifiable hazard to public health or safety?   | <b>ப</b> 163.         | What is        | the hazard?  |
|     | Or do you own any   |                       | If immed       | diate attention is   |

property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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**Tiffany Nicole Barmore** Debtor 1

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

П

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes

me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active П military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if anv.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a | briefing about | credit |
|--------------------------------|----------------|--------|
| counseling because of:         |                |        |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

My physical disability causes me to Disability.

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 47 Case number (if known) **Tiffany Nicole Barmore** Debtor 1 Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 **1**-49 you estimate that you **5**0,001-100,000 **5001-10,000** □ 50-99 owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 **200-999** How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion \$0 - \$50,000 estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **□** \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion ■ \$100.001 - \$500.000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Tiffany Nicole Barmore **Tiffany Nicole Barmore** Signature of Debtor 2 Signature of Debtor 1

Executed on

March 18, 2016

MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1 Tiffany Nicole Barmore Document Page 7 of 47

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Daniel      | A. Springer            | Date          | March 18, 2016         |  |
|-----------------|------------------------|---------------|------------------------|--|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY         |  |
|                 |                        |               |                        |  |
| Daniel A. S     | Springer               |               |                        |  |
| Printed name    |                        |               |                        |  |
| Springer L      | .aw Firm               |               |                        |  |
| Firm name       |                        |               |                        |  |
| 2222 E Sta      | ite St                 |               |                        |  |
| Suite 107       |                        |               |                        |  |
| Rockford,       | IL 61104               |               |                        |  |
| Number, Street, | City, State & ZIP Code |               |                        |  |
| Contact phone   | 815.312.4725           | Email address | dspringerlaw@gmail.com |  |
| 6314059         |                        |               |                        |  |
| Bar number & St | ate                    |               |                        |  |

|                          | DUGIIII                                 | ill Paue o UL41   |   |
|--------------------------|---|---|---|
| mation to identify your  | case:                                   |   |   |
| Tiffany Nicole Ba        | rmore                                   |   |   |
| First Name               | Middle Name                             | Last Name   |   |
|                          |   |   |   |
| First Name               | Middle Name                             | Last Name   |   |
| ankruptcy Court for the: | NORTHERN DISTRICT                       | OF ILLINOIS   |   |
|                          |   |   |   |
|                          | Tiffany Nicole Ba First Name First Name | Tiffany Nicole Barmore First Name Middle Name  First Name Middle Name | Tiffany Nicole Barmore First Name Middle Name Last Name  First Name Middle Name Last Name |

☐ Check if this is an amended filing

12/15

#### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

|     |  | .,           |                               |
|-----|--|--------------|-------------------------------|
|     |  | Your as      | ssets<br>of what you own      |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  |              | 0.00                          |
|     | 1a. Copy line 55, Total real estate, from Schedule A/B   |              | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 7,650.00                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 7,650.00                      |
| Pai | t 2: Summarize Your Liabilities  |              |                               |
|     |  |              | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 6,000.00                      |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$           | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 52,730.00                     |
|     | Your total liabilities   | \$           | 58,730.00                     |
| Pai | t 3: Summarize Your Income and Expenses  |              |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 3,575.82                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 3,508.00                      |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | our other so | chedules.                     |
| 7.  | ■ Yes What kind of debt do you have?   |              |                               |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for   | a personal   | , family, or                  |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Case number (if known) Debtor 1 Tiffany Nicole Barmore

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,409.04

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Tota | l claim   |
|--|------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |      |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$_  | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$_  | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$_  | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$_  | 32,712.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_  | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$_ | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$   | 32,712.00 |

Case 16-80659 Doc 1 Filed 03/18/16 Entered 03/18/16 12:11:41 Desc Main Document Page 10 of 47 Fill in this information to identify your case and this filing: Debtor 1 **Tiffany Nicole Barmore** Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number ☐ Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put **Buick** 3 1 Make: Who has an interest in the property? Check one. the amount of any secured claims on Schedule D: LaCrosse Model<sup>3</sup> Debtor 1 only Creditors Who Have Claims Secured by Property. Year: 2007 Debtor 2 only Current value of the Current value of the Approximate mileage: 174.000 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$3,000.00 \$3,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$3,000.00 pages you have attached for Part 2. Write that number here.....=>

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

|                                   | Case 16-  | 80659 Doc 1  | Filed 03/18/16          |                                       | :11:41        | Desc Main  |
|-----------------------------------|---|--|-------------------------|---------------------------------------|---------------|--|
| Debtor 1                          | Tiffany Nico  | le Barmore   | Document                | Page 11 of 47 Case number             | er (if known) |  |
| ■ Ye                              | es. Describe  |  |                         |                                       |               |  |
|                                   |   | Bedroom Furniture<br>Furniture Set, Kitch                    |                         | Furniture Set, Living Room essories   |               | \$1,700.00   |
| 7 Fl                              |   |  |                         |                                       |               |  |
| _                                 | nples: Televisions a<br>including cel                             | and radios; audio, video, s<br>I phones, cameras, media      |                         | pment; computers, printers, scann     | ers; music co | ollections; electronic devices                               |
| ■ No                              | es. Describe  |  |                         |                                       |               |  |
| Exan                              | other collect   | d figurines; paintings, print<br>ions, memorabilia, collecti |                         | ooks, pictures, or other art objects; | stamp, coin,  | or baseball card collections;                                |
| □ No                              |   |  |                         |                                       |               |  |
| <b>■</b> Ye                       | es. Describe  | Books  |                         |                                       |               | \$50.00  |
|                                   |   |  |                         |                                       |               |  |
| 10. Firea Exa ■ No □ Ye  11. Clot | mples: Pistols, rifle<br>es. Describe<br>hes<br>mples: Everyday c | es, shotguns, ammunition,                                    |                         |                                       |               |  |
|                                   | es. Describe  |  |                         |                                       |               |  |
|                                   |   | Used Clothing  |                         |                                       |               | \$200.00   |
|                                   | <i>mples:</i> Everyday je   | ewelry, costume jewelry, e                                   | ngagement rings, wed    | dding rings, heirloom jewelry, watch  | nes, gems, g  | old, silver<br>\$100.00                                      |
| _Exa                              | -farm animals<br>mples: Dogs, cats,                               | birds, horses  |                         |                                       |               |  |
| ■ No                              | es. Describe  |  |                         |                                       |               |  |
| ■ No                              | )   |  | did not already list,   | including any health aids you did     | d not list    |  |
| Ll Ye                             | es. Give specific in  | formation  |                         |                                       | F             |  |
|                                   |   | of all of your entries fro number here                       |                         | any entries for pages you have a      | ttached       | \$2,050.00   |
| Part 4:                           | Describe Your Finan   | cial Assets  |                         |                                       |               |  |
| Do you                            | own or have any   | legal or equitable interes                                   | st in any of the follow | ving?                                 |               | Current value of the portion you own?  Do not deduct secured |

Official Form 106A/B

Schedule A/B: Property

claims or exemptions.

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Case number (if known) Document Debtor 1 **Tiffany Nicole Barmore** 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ Yes.... Cash \$200.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... Bank of America \$1.500.00 Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☐ No Institution name or individual: Yes. ..... **Current Landlord** \$900.00 Rent 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No

Case 16-80659

Doc 1

Filed 03/18/16

Entered 03/18/16 12:11:41

Desc Main

|                           |  | Doc 1        | Filed 03/18/16<br>Document | Entered 03/18/16 1<br>Page 13 of 47             | 2:11:41         | Desc Main  |
|---------------------------|--|--------------|----------------------------|---|-----------------|--|
| Debtor 1                  | Tiffany Nicole Barmore   | е            |                            | Case num  | ber (if known)  |  |
| ☐ Yes.                    | Give specific information ab   | out them     |                            |   |                 |  |
| Exam <sub>p</sub><br>■ No | •  | ive licenses |                            | n holdings, liquor licenses, profe              | essional licen  | ses  |
| ☐ Yes.                    | Give specific information ab   | out them     |                            |   |                 |  |
| Money or                  | property owed to you?  |              |                            |   |                 | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| ☐ No                      | funds owed to you  |              |                            |   |                 |  |
| ■ Yes.                    | Give specific information abo  | out them, in | cluding whether you alre   | eady filed the returns and the tax              | c years         |  |
|                           |  | 2015         | Tax Refund                 | Stat  | е               | Unknown  |
| ■ No                      | oles: Past due or lump sum a   |              | usal support, child supp   | ort, maintenance, divorce settle                | ment, propert   | ty settlement  |
| Exam <sub>i</sub><br>■ No | amounts someone owes your ples: Unpaid wages, disability benefits; unpaid loans your Give specific information | insurance    |                            | efits, sick pay, vacation pay, w                | orkers' comp    | ensation, Social Security  |
| 31. Interes               | sts in insurance policies  | insurance; l | nealth savings account     | HSA); credit, homeowner's, or I                 | enter's insura  | ance   |
| ☐ No<br>■ Yes.            | Name the insurance compar  | ny of each p | olicy and list its value.  |   |                 |  |
|                           |  | any name:    | one, and not no value.     | Beneficiary:                                    |                 | Surrender or refund value:   |
|                           | Term   | Life Insu    | rance                      | Dependents                                      |                 | \$0.00   |
| If you a some of          | terest in property that is du<br>are the beneficiary of a living<br>one has died.  Give specific information   |              |                            | ed<br>surance policy, or are currently          | entitled to red | ceive property because   |
|                           | s against third parties, whet<br>ples: Accidents, employment   |              |                            | <b>it or made a demand for payn</b><br>s to sue | nent            |  |
| ☐ Yes.                    | Describe each claim  |              |                            |   |                 |  |
| ■ No                      |  | d claims of  | every nature, includir     | g counterclaims of the debto                    | r and rights t  | to set off claims  |
|                           | Describe each claim  |              |                            |   |                 |  |
| ■ No                      | nancial assets you did not a Give specific information   | ilready list |                            |   |                 |  |
|                           | the dollar value of all of you<br>art 4. Write that number hel   |              |                            | ny entries for pages you have                   |                 | \$2,600.00   |
|                           |  |              |                            |   |                 |  |

Schedule A/B: Property

Official Form 106A/B

page 4

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Case number (if known) Document Debtor 1 **Tiffany Nicole Barmore** 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$3,000.00 57. Part 3: Total personal and household items, line 15 \$2,050.00 58. Part 4: Total financial assets, line 36 \$2,600.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$7,650.00 Copy personal property total \$7,650.00

Official Form 106A/B

Schedule A/B: Property

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$7,650.00

|                     |                          |                   | 1 14140 210 00 17 |  |
|---------------------|--------------------------|-------------------|-------------------|--|
| Fill in this infor  | rmation to identify your | case:             |                   |  |
| Debtor 1            | Tiffany Nicole Ba        | rmore             |                   |  |
|                     | First Name               | Middle Name       | Last Name         |  |
| Debtor 2            |                          |                   |                   |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name         |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |  |
| Case number         |                          |                   |                   |  |
| (if known)          |                          |                   |                   |  |
|                     |                          |                   |                   |  |

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| <ol> <li>Which set of exemptions are you claiming? Check one only, even if your spouse is filling wi</li> </ol> |
|---|
|---|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own |  |   | Specific laws that allow exemption |  |  |
|--|--|--|---|------------------------------------|--|--|
|  | Copy the value from<br>Schedule A/B                                    | Che  | ck only one box for each exemption.                             |                                    |  |  |
| 2007 Buick LaCrosse 174,000 miles  | \$3,000.00   |  | \$2,400.00  | 735 ILCS 5/12-1001(c)              |  |  |
| Ellie Holli Goricadie 74 B. G.1  |  | 100% of fair market value, up any applicable statutory limit |   |                                    |  |  |
| Bedroom Furniture Set, Dining Room Furniture Set, Living Room Furniture                | \$1,700.00   |  | \$1,639.80  | 735 ILCS 5/12-1001(b)              |  |  |
| Set, Kitchen Utensils & Accessories Line from Schedule A/B: 6.1                        |  |  | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| Books Line from Schedule A/B: 8.1  | \$50.00  |  | \$50.00   | 735 ILCS 5/12-1001(a)              |  |  |
| Line nom Schedule A/B. 0.1   |  |  | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| Used Clothing Line from Schedule A/B: 11.1   | \$200.00   |  | \$200.00  | 735 ILCS 5/12-1001(a)              |  |  |
| Line from Schedule A/B. 11.1   |  |  | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| Jewelry Line from Schedule A/B: 12.1   | \$100.00   |  | \$100.00  | 735 ILCS 5/12-1001(b)              |  |  |
| LINE HOLLI SCHEUUIE AV.B. 12.1   |  |  | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |

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Debtor 1 Tiffany Nicole Barmore Case number (if known)

|                              | of description of the property and line on ledule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim                               |   | Specific laws that allow exemp |  |
|------------------------------|--|--------------------------------------|---|---|--------------------------------|--|
|                              |  | Copy the value from<br>Schedule A/B  | Che   | ck only one box for each exemption.                             |                                |  |
| Cas                          | sh<br>e from <i>Schedule A/B</i> : <b>16.1</b>                                 | \$200.00                             |   | \$200.00  | 735 ILCS 5/12-1001(b)          |  |
| LIIR                         | e IIOIII S <i>Criedule AVB</i> . 10.1  |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                |  |
|                              | ecking: Bank of America  | \$1,500.00                           |   | \$1,500.00  | 735 ILCS 5/12-1001(b)          |  |
| Line from Schedule A/B: 17.1 |  |                                      | 100% of fair market value, up to any applicable statutory limit |   |                                |  |
|                              | rm Life Insurance<br>neficiary: Dependents                                     | \$0.00                               |   | 100%  | 735 ILCS 5/12-1001(h)(3)       |  |
|                              | e from Schedule A/B: 31.1  |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                |  |

Yes

|   |   | Document   | Page 17               | of 47  |                            |                                |
|---|---|--|-----------------------|--|----------------------------|--------------------------------|
| Fill in this inform                     | ation to identify you   | r case:  |                       |  |                            |                                |
| Debtor 1                                | Tiffany Nicole B  | armore   |                       |  |                            |                                |
| Dobtor !                                | First Name  | Middle Name  | Last Name             |  |                            |                                |
| Debtor 2                                |   |  |                       | Check if to amended am |                            |                                |
| (Spouse if, filing)                     | First Name  | Middle Name  | Last Name             |  |                            |                                |
| United States Ban                       | kruptcy Court for the:  | NORTHERN DISTRICT OF IL  | LINOIS                |  |                            |                                |
|   |   |  |                       |  |                            |                                |
| Case number(if known)                   |   |  |                       |  | _                          | k if this is an<br>nded filing |
| Official Farms                          | 40CD  |  |                       |  |                            |                                |
| Official Form                           |   |  |                       |  |                            |                                |
| Schedule I                              | D: Creditors  | Who Have Claims  | Secured               | by Property  | У                          | 12/15                          |
| needed, copy the Ad<br>known).          | ditional Page, fill it out,   | number the entries, and attach it to   |                       |  |                            |                                |
| _                                       | ave claims secured by   |  |                       |  |                            |                                |
|   | this box and submit th  | nis form to the court with your other  | er schedules. Yo      | ou have nothing else   | to report on this form.    |                                |
| Yes. Fill in                            | all of the information I  | below.   |                       |  |                            |                                |
| Part 1: List All                        | Secured Claims  |  |                       |  |                            |                                |
| 2. List all secured c                   | laims. If a creditor has m  | ore than one secured claim, list the cre   | editor separately for | Column A   | Column B                   | Column C                       |
| each claim. If more t                   | han one creditor has a pa   | articular claim, list the other creditors in<br>er according to the creditor's name. |                       | Amount of claim Do not deduct the  | that supports this claim   | Unsecured portion If any       |
|   | ee Auto Corral  | Describe the property that secures   |                       | \$6,000.00   | \$3,000.00                 | \$3,000.00                     |
| Creditor's Name                         |   | 2007 Buick LaCrosse 174,0  | 000 miles             |  |                            |                                |
|   |   |  |                       |  |                            |                                |
| 3336 Kishv                              | wankee St   | As of the date you file, the claim is:   | Check all that        |  |                            |                                |
| Rockford,                               |   | apply.  ☐ Contingent   |                       |  |                            |                                |
|   | City, State & Zip Code  | ☐ Unliquidated   |                       |  |                            |                                |
| , | ,                                 | ☐ Disputed   |                       |  |                            |                                |
| Who owes the deb                        | ot? Check one.  | Nature of lien. Check all that apply.  |                       |  |                            |                                |
| Debtor 1 only                           |   | An agreement you made (such as   | mortgage or secur     | red  |                            |                                |
| Debtor 2 only                           |   | car loan)  | ongago or occar       |  |                            |                                |
| Debtor 1 and Deb                        | otor 2 only   | ☐ Statutory lien (such as tax lien, me   | echanic's lien)       |  |                            |                                |
| ☐ At least one of the                   | e debtors and another   | ☐ Judgment lien from a lawsuit   | ,                     |  |                            |                                |
| ☐ Check if this claic                   |   | Other (including a right to offset)  |                       |  |                            |                                |
| Date debt was incur                     |   | Last 4 digits of account num   | ıber                  |  |                            |                                |
|   | <del></del>   | -  |                       |  |                            |                                |
|   |   |  |                       |  |                            |                                |
| Add the dollar val                      | ue of your entries in Co  | lumn A on this page. Write that num  | ber here:             | \$6,00   | 0.00                       |                                |
| If this is the last p Write that number |   | ne dollar value totals from all pages.   |                       | \$6,00   | 0.00                       |                                |
| write that number                       | nere.   |  |                       |  |                            |                                |
| Part 2: List Other                      | ers to Be Notified for  | r a Debt That You Already Liste  | d                     |  |                            |                                |
| to collect from you t                   | for a debt you owe to so<br>he debts that you listed<br>omit this page. | omeone else, list the creditor in Part   | 1, and then list th   | e collection agency he   | re. Similarly, if you have | e more than one                |
| -NONE-                                  |   |  | On which line         | in Part 1 did you  | enter the creditor         | ?                              |
|   |   | I  | Last 4 digits o       | of account number  | r                          |                                |

|                             |  | Document  | Page 18 of 47  |   |                                 |
|-----------------------------|--|---|--|---|---------------------------------|
| Fill ir                     | this information to identify your case:  |   |  |   |                                 |
| Debto                       | or 1 Tiffany Nicole Barmore  |   |  |   |                                 |
| 5                           | First Name   | Middle Name   | Last Name  |   |                                 |
| Debto<br>(Spous             | or 2 e if, filing) First Name  | Middle Name   | Last Name  |   |                                 |
| l Inite                     | d States Bankruptcy Court for the: NOR   | THERN DISTRICT OF IL  | LINOIS   |   |                                 |
| Office                      | d States Bankruptcy Court for the.   | THE REPORTED TO THE   |  |   |                                 |
| Case<br>(if know            | number   |   |  |   |                                 |
| (II KIIOW                   | vi)  |   |  | ☐ Check if thi<br>amended fi                    |                                 |
|                             |  |   |  | amonada n                                       | 9                               |
| Offic                       | cial Form 106E/F   |   |  |   |                                 |
| Sch                         | edule E/F: Creditors Who   | ว Have Unsecเ   | ıred Claims  |   | 12/15                           |
| Schedu<br>D: Cred<br>the Co | ule G: Executory Contracts and Unexpired Lea<br>ditors Who Have Claims Secured by Property.<br>ntinuation Page to this page. If you have no inter-<br>or (if known). | ses (Official Form 106G). D<br>If more space is needed, co<br>ormation to report in a Par | ist executory contracts on Schedule A/B: Propertion not include any creditors with partially secured opy the Part you need, fill it out, number the entrict, do not file that Part. On the top of any additional | d claims that are listeries in the boxes on the | d in Schedule<br>e left. Attach |
| 1.                          | Do any creditors have priority unsecured cla   | ims against you?  |  |   |                                 |
|                             | ■ No. Go to Part 2.  | -   |  |   |                                 |
|                             | _  |   |  |   |                                 |
| Part 2                      | Yes. 2: List All of Your NONPRIORITY Uns   | ecured Claims   |  |   |                                 |
| 3.                          | Do any creditors have nonpriority unsecured  | claims against you?   |  |   |                                 |
|                             | ☐ No. You have nothing to report in this part. S   | Submit this form to the court v   | with your other schedules.   |   |                                 |
|                             | Yes.   |   |  |   |                                 |
| 4.                          | unsecured claim, list the creditor separately for  | each claim. For each claim lis  | f the creditor who holds each claim. If a creditor h sted, identify what type of claim it is. Do not list claim ou have more than three nonpriority unsecured claim  | ns already included in F                        | Part 1. If more ion Page of     |
| 4.1                         | AAA Community Finance  | Last 4 digits of accor  | unt number   | \$  | 700.00                          |
|                             | Nonpriority Creditor's Name Attn: Bankruptcy Dept. 5611 N 2nd St.  | When was the debt i   | ncurred?   | - · · · · · · · · · · · · · · · · · · ·         |                                 |
|                             | Loves Park, IL 61111  Number Street City State Zlp Code  | As of the date you fil  | e, the claim is: Check all that apply  |   |                                 |
|                             | Who incurred the debt? Check one.  | ☐ Contingent  |  |   |                                 |
|                             | Debtor 1 only  | -   |  |   |                                 |
|                             | Debtor 2 only  | ☐ Unliquidated  |  |   |                                 |
|                             | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |   |                                 |
|                             | ☐ At least one of the debtors and another  | Type of NONPRIORI   | TY unsecured claim:  |   |                                 |
|                             | ☐ Check if this claim is for a community   | ☐ Student loans   |  |   |                                 |
|                             | debt   | _   |  |   |                                 |
|                             | Is the claim subject to offset?  | Obligations arising<br>not report as priority c   | out of a separation agreement or divorce that you d<br>laims   | id  |                                 |
|                             | ■ No   | ☐ Debts to pension of   | or profit-sharing plans, and other similar debts   |   |                                 |
|                             | Yes  | Other. Specify  | Payday Loan  |   |                                 |
| 4.2                         | Banquet Financial  | Last 4 digits of accor  | unt number   | \$  | 378.00                          |
|                             | Nonpriority Creditor's Name  | _   |  |   |                                 |
|                             | Attn: Rankruntey Dent  | When was the debt is  | ncurred?   |   |                                 |

Attn: Bankruptcy Dept. 607 Dundee Ave Elgin, IL 60120

Number Street City State Zlp Code

As of the date you file, the claim is: Check all that apply

| 4.5    | Heights Finance Corp.   | Last 4 digits of accou                          | unt number   | \$       | 1,940.00 |
|--------|---|---|--|----------|----------|
|        | Yes   | Other. Specify                                  | Credit Card Purchases                                      |          |          |
|        | ■ No  | not report as priority cl  Debts to pension o   | arms<br>or profit-sharing plans, and other similar debts   |          |          |
|        | debt Is the claim subject to offset?  |   | out of a separation agreement or divorce that you did      |          |          |
|        | ☐ Check if this claim is for a community  | ☐ Student loans                                 |  |          |          |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORIT                              | TY unsecured claim:  |          |          |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed                                      |  |          |          |
|        | ☐ Debtor 2 only   | ☐ Unliquidated                                  |  |          |          |
|        | Who incurred the debt? Check one.  Debtor 1 only  | ☐ Contingent                                    |  |          |          |
|        | ☐ At least one of the debtors and another       Type of NONPRIORITY unsecured claim:         ☐ Check if this claim is for a community debt       ☐ Student loans         ☐ Is the claim subject to offset?       ☐ Obligations arising out of a separation agreement or divorce that you on the report as priority claims         ☐ No       ☐ Debts to pension or profit-sharing plans, and other similar debts         ☐ Yes       ☐ Other. Specify         ☐ Willities     Type of NONPRIORITY unsecured claim:  ☐ Student loans  ☐ Obligations arising out of a separation agreement or divorce that you on the report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify         ☐ Willities       ☐ Cast 4 digits of account number         Nonpriority Creditor's Name       When was the debt incurred?         As of the date you file, the claim is: Check all that apply         Who incurred the debt? Check one.       ☐ Contingent |   |  |          |          |
|        | 3820 N Louise Ave<br>Sioux Falls, SD 57107  |   |  |          |          |
|        | Nonpriority Creditor's Name   | _   |  | <b>*</b> |          |
| 1.4    | First Premier Bank  | Last 4 digits of accou                          | unt number   | \$       | 431.00   |
|        | Yes   | Other. Specify                                  | Utilities  |          |          |
|        | ■ No  | ☐ Debts to pension o                            | r profit-sharing plans, and other similar debts            |          |          |
|        |   |   |  |          |          |
|        |   | ☐ Student loans                                 |  |          |          |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORIT                              | TY unsecured claim:  |          |          |
|        | ☐ Debtor 1 and Debtor 2 only  | Disputed  |  |          |          |
|        | ☐ Debtor 2 only   | ☐ Unliquidated                                  |  |          |          |
|        | Who incurred the debt? Check one.  Debtor 1 only  | ☐ Contingent                                    |  |          |          |
|        | Villa Park, IL 60181  Number Street City State Zlp Code   | _   | e, the claim is: Check all that apply                      |          |          |
|        | 3 Lincoln Center<br>Attn: Bankruptcy Group/Claims<br>Dept.  | When was the debt in                            | ncurred?   |          |          |
| 4.3    | Commonwealth Edison Nonpriority Creditor's Name   | Last 4 digits of accou                          | unt number   | \$       | 1,094.00 |
|        | Yes   | Other. Specify                                  | Personal Loan  |          |          |
|        | ■ No  | Debts to pension o                              | r profit-sharing plans, and other similar debts            |          |          |
|        | Is the claim subject to offset?   | ☐ Obligations arising not report as priority cl | out of a separation agreement or divorce that you did aims |          |          |
|        | ☐ Check if this claim is for a community debt   | ☐ Student loans                                 |  |          |          |
|        | At least one of the debtors and another   | Type of NONPRIORIT                              | TY unsecured claim:  |          |          |
|        | ☐ Debtor 1 and Debtor 2 only  | Disputed  |  |          |          |
|        | ☐ Debtor 2 only   | ☐ Unliquidated                                  |  |          |          |
|        | ■ Debtor 1 only   |   |  |          |          |
|        | Who incurred the debt? Check one.   | ☐ Contingent                                    |  |          |          |
| Debtor | Tiffany Nicole Barmore  | Document  | Page 19 of 47 Case number (if know)                        |          |          |

Nonpriority Creditor's Name

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| Debtor        | 1 Tiffany Nicole Barmore   |  |   |    |           |  |  |
|---------------|--|--|---|----|-----------|--|--|
|               | Attn: Bankruptcy Dept.<br>7707 Knoxville Ave #201                | When was the debt incurred                                   | ? 12/2014   |    |           |  |  |
| -             | Peoria, IL 61614<br>Number Street City State Zlp Code            | As of the date you file, the c                               | laim is: Check all that apply                                       |    |           |  |  |
|               | Who incurred the debt? Check one.  Debtor 1 only                 | ☐ Contingent   |   |    |           |  |  |
|               | Debtor 2 only  | ☐ Unliquidated   |   |    |           |  |  |
|               | ☐ Debtor 1 and Debtor 2 only                                     | ☐ Disputed   |   |    |           |  |  |
|               | ☐ At least one of the debtors and another                        | Type of NONPRIORITY unse                                     | cured claim:  |    |           |  |  |
|               | ☐ Check if this claim is for a community debt                    | ☐ Student loans  |   |    |           |  |  |
|               | Is the claim subject to offset?                                  | Obligations arising out of a not report as priority claims   | separation agreement or divorce that you did                        |    |           |  |  |
|               | ■ No   | ☐ Debts to pension or profit-                                | sharing plans, and other similar debts                              |    |           |  |  |
|               | Yes  | Other. Specify   | ebt Owed  |    |           |  |  |
| 4.6           | Santander Consumer   | Last 4 digits of account num                                 | ber   | \$ | 14,984.00 |  |  |
|               | Nonpriority Creditor's Name<br>8585 N Stemmons Fwy Suite<br>1000 | When was the debt incurred                                   |   |    | <u> </u>  |  |  |
| -             | Dallas, TX 75247 Number Street City State Zlp Code               | As of the date you file, the c                               | laim is: Check all that apply                                       |    |           |  |  |
|               | Who incurred the debt? Check one.                                | ☐ Contingent   |   |    |           |  |  |
| Debtor 1 only |  |  |   |    |           |  |  |
|               | ☐ Debtor 2 only  | ☐ Unliquidated   |   |    |           |  |  |
|               | ☐ Debtor 1 and Debtor 2 only                                     | ☐ Disputed   |   |    |           |  |  |
|               | ☐ At least one of the debtors and another                        | Type of NONPRIORITY unse                                     | cured claim:  |    |           |  |  |
|               | ☐ Check if this claim is for a community debt                    | ☐ Student loans  |   |    |           |  |  |
|               | Is the claim subject to offset?                                  | Obligations arising out of a not report as priority claims   | separation agreement or divorce that you did                        |    |           |  |  |
|               | No   | ☐ Debts to pension or profit-                                |   |    |           |  |  |
|               | Yes  | Other. Specify   |   |    |           |  |  |
| 4.7           | US Dept. of Education  | Last 4 digits of account num                                 | her   | \$ | 32,712.00 |  |  |
|               | Nonpriority Creditor's Name                                      | ū  |   |    | <u> </u>  |  |  |
| -             | PO Box 7860 Madison, WI 53707 Number Street City State Zlp Code  | When was the debt incurred  As of the date you file, the c   |   |    |           |  |  |
|               | Who incurred the debt? Check one.                                | •  | ,   |    |           |  |  |
|               | Debtor 1 only  | ☐ Contingent   |   |    |           |  |  |
|               | Debtor 2 only  | ☐ Unliquidated   |   |    |           |  |  |
|               | _  | <u> </u>   |   |    |           |  |  |
|               | Debtor 1 and Debtor 2 only                                       | ☐ Disputed  Type of NONPRIORITY unse                         | cured claim   |    |           |  |  |
|               | At least one of the debtors and another                          | <u></u>  | ource dam.  |    |           |  |  |
|               | ☐ Check if this claim is for a community debt                    | Student loans  |   |    |           |  |  |
|               | Is the claim subject to offset?                                  | ☐ Obligations arising out of a not report as priority claims | separation agreement or divorce that you did                        |    |           |  |  |
|               | ■ No   | ☐ Debts to pension or profit-                                | ☐ Debts to pension or profit-sharing plans, and other similar debts |    |           |  |  |
|               | Yes  | Other. Specify   | urdent I cone   |    |           |  |  |
|               |  | Si   | udent Loans   |    |           |  |  |

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Case number (if know)

|                | - Imany moore zamore  |   |                   |         |                              |                   |                   |
|----------------|---|---|-------------------|---------|------------------------------|-------------------|-------------------|
| 4.8            | Verizon Wireless  | Last 4 digits of account  | number            |         |                              | \$                | 491.00            |
|                | Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 26055   | When was the debt incu  | ırred?            |         |                              |                   |                   |
|                | Minneapolis, MN 55426  Number Street City State Zlp Code  | As of the date you file, t  | he claim is: Ch   | eck all | that apply                   |                   |                   |
|                | Who incurred the debt? Check one.   | ☐ Contingent  |                   |         |                              |                   |                   |
|                | Debtor 1 only   |   |                   |         |                              |                   |                   |
|                | ☐ Debtor 2 only   | ☐ Unliquidated  |                   |         |                              |                   |                   |
|                | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                   |         |                              |                   |                   |
|                | ☐ At least one of the debtors and another   | Type of NONPRIORITY   | unsecured clair   | m:      |                              |                   |                   |
|                | ☐ Check if this claim is for a community debt   | ☐ Student loans   |                   |         |                              |                   |                   |
|                | Is the claim subject to offset?   | ☐ Obligations arising ou not report as priority claim               |                   | agreer  | ment or divorce that you did |                   |                   |
|                | ■ No  | ☐ Debts to pension or pr  |                   | ns, and | other similar debts          |                   |                   |
|                | Yes   | Other. Specify  | Utilities         |         |                              |                   |                   |
|                |   |   |                   |         |                              |                   |                   |
| Part 3         | List Others to Be Notified About a Do   | ebt That You Already Lis  | ted               |         |                              |                   |                   |
| trying<br>more | nis page only if you have others to be notified a<br>g to collect from you for a debt you owe to som<br>than one creditor for any of the debts that you<br>ebts in Parts 1 or 2, do not fill out or submit th | eone else, list the original cr<br>listed in Parts 1 or 2, list the | editor in Parts   | 1 or 2, | then list the collection age | ncy here. Similar | ly, if you have   |
| Name           | and Address   | On which entry in Part  | t 1 or Part2 c    | did vo  | u list the original credi    | tor?              |                   |
|                | unt Recovery Service  | Line 4.3 of (Check one)   |                   |         | Creditors with Priority      |                   | Claims            |
|                | Bankruptcy Dept.  |   | <b>■</b> F        | art 2:  | : Creditors with Nonpri      | iority Unsecur    | ed Claims         |
|                | Harlem Rd<br>s Park, IL 61111-3448  |   |                   |         |                              |                   |                   |
| Loves          | 5 Fair, IL 01111-3440   | Last 4 digits of accour   | nt number         |         |                              |                   |                   |
| Name           | and Address   | On which entry in Part  | t 1 or Part2 o    | did yo  | u list the original credi    | tor?              |                   |
| Equif          |   | Line 4.4 of (Check one)   |                   |         | : Creditors with Priority    |                   | laims             |
|                | ox 740256<br>ta, GA 30374   |   | <b>■</b> F        | Part 2: | : Creditors with Nonpri      | iority Unsecur    | ed Claims         |
| Allali         | ia, GA 30374  | Last 4 digits of accour   | nt number         |         |                              |                   |                   |
|                | and Address   | On which entry in Part  |                   |         |                              |                   |                   |
| Expe           | rian<br>ox 4500   | Line 4.4 of (Check one)   |                   |         | Creditors with Priority      |                   |                   |
|                | TX 75013  |   | <b>■</b> F        | Part 2: | : Creditors with Nonpri      | iority Unsecur    | ed Claims         |
|                |   | Last 4 digits of accour   | nt number         |         |                              |                   |                   |
| Name           | and Address   | On which entry in Part  | t 1 or Part2 o    | did you | u list the original credi    | tor?              |                   |
|                | nder Consumer USA   | Line 4.6 of (Check one)   | ): 🗆 F            | Part 1: | : Creditors with Priority    | / Unsecured C     | laims             |
|                | ox 961245   |   | ■ F               | Part 2: | : Creditors with Nonpri      | iority Unsecur    | ed Claims         |
| Fort v         | Vorth, TX 76161   | Last 4 digits of accour   | nt number         |         |                              |                   |                   |
|                |   | Lact 1 digito of accoun   | it flambor        |         |                              |                   |                   |
|                | and Address   | On which entry in Part  |                   |         |                              |                   |                   |
|                | :Union<br>/est Adams Street   | Line 4.4 of (Check one)   |                   |         | Creditors with Priority      |                   |                   |
|                | igo, IL 60661   |   | ■ F               | Part 2: | Creditors with Nonpri        | iority Unsecur    | ed Claims         |
|                | -   | Last 4 digits of accour   | nt number         |         |                              |                   |                   |
| Part 4         | Add the Amounts for Each Type of U  | Insecured Claim   |                   |         |                              |                   |                   |
|                | the amounts of certain types of unsecured cla<br>secured claim.   | ims. This information is for s                                      | statistical repor | ting pu |                              | 9. Add the amou   | nts for each type |
|                | 6a. Domestic support obligation   | s   |                   | 6a.     | Total claim                  | 0.00              |                   |
| Total c        |   | ts you owe the government   |                   | 6b.     | \$                           |                   |                   |
|                |   | <b>3</b>  |                   |         | •                            |                   |                   |

Official Form 106 E/F

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Case number (if know)

# Debtor 1 Tiffany Nicole Barmore

Total claims from Part 2

|     |   |     |             | 0.00      |
|-----|---|-----|-------------|-----------|
| 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$          | 0.00      |
| 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$          | 0.00      |
| 6e. | Total. Add lines 6a through 6d.   | 6e. | \$          | 0.00      |
|     |   |     | Total Claim |           |
| 6f. | Student loans   | 6f. | \$          | 32,712.00 |
| 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$          | 0.00      |
| 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$          | 0.00      |
| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$          | 20,018.00 |
| 6j. | Total. Add lines 6f through 6i.   | 6j. | \$          | 52.730.00 |

| Fill in this infor  | mation to identify your  | case:             |             |                           |  |
|---------------------|--------------------------|-------------------|-------------|---------------------------|--|
| Debtor 1            | Tiffany Nicole Ba        | rmore             |             |                           |  |
|                     | First Name               | Middle Name       | Last Name   |                           |  |
| Debtor 2            |                          |                   |             |                           |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                           |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                           |  |
| Case number         |                          |                   |             |                           |  |
| (if known)          |                          |                   |             | ☐ Check if thi amended fi |  |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or  | company with<br>Name, Number | whom you have the<br>Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|------------|------------------------------|--|-------------------|---|
| 2.1 |            |                              |  |                   |   |
|     | Name       |                              |  |                   | _                                       |
|     |            |                              |  |                   |   |
|     |            |                              |  |                   | _                                       |
|     | Number     | Street                       |  |                   |   |
|     |            |                              |  |                   | <u>_</u>                                |
|     | City       |                              | State  | ZIP Code          |   |
| 2.2 |            |                              |  |                   |   |
|     | Name       |                              |  |                   | _                                       |
|     |            |                              |  |                   |   |
|     |            |                              |  |                   | _                                       |
|     | Number     | Street                       |  |                   |   |
|     |            |                              |  |                   | _                                       |
|     | City       |                              | State  | ZIP Code          |   |
| 2.3 |            |                              |  |                   |   |
|     | Name       |                              |  |                   | _                                       |
|     |            |                              |  |                   |   |
|     |            |                              |  |                   | _                                       |
|     | Number     | Street                       |  |                   |   |
|     |            |                              |  |                   | _                                       |
|     | City       |                              | State  | ZIP Code          |   |
| 2.4 |            |                              |  |                   |   |
|     | Name       |                              |  |                   | _                                       |
|     |            |                              |  |                   |   |
|     |            |                              |  |                   | _                                       |
|     | Number     | Street                       |  |                   |   |
|     |            |                              |  |                   | _                                       |
|     | City       |                              | State  | ZIP Code          |   |
| 2.5 |            |                              |  |                   |   |
|     | Name       |                              |  |                   | _                                       |
|     |            |                              |  |                   |   |
|     | Ni wasia a | 04                           |  |                   | _                                       |
|     | Number     | Street                       |  |                   |   |
|     |            |                              |  | 710.0             | _                                       |
|     | City       |                              | State  | ZIP Code          |   |

|                                |   | Docume  | nt Page 24 c            | of 47   |          |
|--------------------------------|---|---|-------------------------|---|----------|
| Fill in this                   | information to identify you   | ır case:  |                         |   |          |
| Debtor 1                       | Tiffany Nicole B  | armore  |                         |   |          |
| Dahtano                        | First Name  | Middle Name   | Last Name               |   |          |
| Debtor 2<br>(Spouse if, filing | ng) First Name  | Middle Name   | Last Name               |   |          |
| United Stat                    | tes Bankruptcy Court for the:   | NORTHERN DISTRICT   | OF ILLINOIS             |   |          |
| Case numb                      | hor   |   |                         |   |          |
| (if known)                     |   |   |                         | ☐ Check if this is an amended filing  |          |
| Official                       | l Form 106H   |   |                         |   |          |
|                                | lule H: Your Co   | dobtors   |                         | 42  | IA E     |
| Scried                         | ule II. Toul Col  | uebioi 3  |                         | 12/   | 15       |
| your name                      | nd number the entries in the and case number (if know you have any codebtors? ( | n). Answer every question   |                         | to this page. On the top of any Additional Pages, we as a codebtor.   | rite     |
| ■ No<br>□ Yes                  | ;-  |   |                         |   |          |
|                                | hin the last 8 years, have yo<br>a, California, Idaho, Louisian                 |   |                         | ry? (Community property states and territories include<br>nington, and Wisconsin.)  |          |
|                                | Go to line 3.  Did your spouse, former sp                                       | ouse, or legal equivalent live  | e with you at the time? |   |          |
| in line<br>Form                | 2 again as a codebtor only  | y if that person is a guaran  | tor or cosigner. Make   | r if your spouse is filing with you. List the person secure you have listed the creditor on Schedule D (06G). Use Schedule D, Schedule E/F, or Schedule | Official |
|                                | Column 1: Your codebtor<br>Name, Number, Street, City, State and                | Column 2: The creditor to whom you owe the conclusion check all schedules that apply: | debt                    |   |          |
| 3.1                            |   |   |                         | ☐ Schedule D, line  |          |
|                                | Name  |   |                         | ☐ Schedule E/F, line  |          |
|                                |   |   |                         | ☐ Schedule G, line  |          |
|                                | Number Street<br>City   | State   | ZIP Code                | _   |          |
| 3.2                            |   |   |                         | ☐ Schedule D, line  |          |
|                                | Name  |   |                         | ☐ Schedule E/F, line  |          |
|                                |   |   |                         | ☐ Schedule G, line  |          |
| ī                              | Number Street   |   |                         | _   |          |
| (                              | City  | State   | ZIP Code                |   |          |

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| Fill               | in this information to identify your o  | ase:  |   |                   |                | 1                 |                     |                          |                               |                    |
|--------------------|---|---|---|-------------------|----------------|-------------------|---------------------|--------------------------|-------------------------------|--------------------|
|                    | otor 1 Tiffany Nico   |   |   |                   |                |                   |                     |                          |                               |                    |
|                    | otor 2  |   |   |                   |                |                   |                     |                          |                               |                    |
| Uni                | ted States Bankruptcy Court for the   | e: NORTHERN DISTRIC                                     | CT OF ILLINOIS                                |                   |                |                   |                     |                          |                               |                    |
|                    | se number<br>   |   | -   |                   |                | ☐ An              |                     | ed filing<br>ent showir  | ng postpetition               |                    |
| O                  | fficial Form 106I   |   |   |                   |                |                   |                     |                          | ollowing date.                | •                  |
|                    | chedule I: Your Inc   | ome   |   |                   |                | IVII              | M / DD/ Y           | YYY                      |                               | 12/15              |
| sup<br>spo<br>atta | es complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | ı are married and not fili<br>ır spouse is not filing w | ng jointly, and your sith you, do not include | pouse<br>le infor | is liv<br>mati | ing with on about | you, inc<br>your sp | lude infor<br>ouse. If m | mation about<br>nore space is | it your<br>needed, |
| 1.                 | Fill in your employment information.  |   | Debtor 1                                      |                   |                |                   | Debtor 2            | or non-f                 | iling spouse                  |                    |
|                    | If you have more than one job, attach a separate page with  | Employment status                                       | ■ Employed                                    |                   |                |                   | ☐ Emple             | •                        |                               |                    |
|                    | information about additional employers.   | Occupation  | ☐ Not employed  Assembler                     |                   |                |                   | □ Not e             | mpioyea                  |                               |                    |
|                    | Include part-time, seasonal, or self-employed work.   | Occupation Employer's name                              | Chrysler                                      |                   |                |                   |                     |                          |                               |                    |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address                                      | 3000 W Chrysler<br>Belvidere, IL 610          |                   |                |                   |                     |                          |                               |                    |
|                    |   | How long employed t                                     | here? 9 month                                 | s                 |                |                   | _                   |                          |                               |                    |
| Par                | t 2: Give Details About Mo  | nthly Income  |   |                   |                |                   |                     |                          |                               |                    |
|                    | mate monthly income as of the cuse unless you are separated.  | late you file this form. If                             | you have nothing to re                        | port for          | any            | line, write       | \$0 in the          | e space. Ir              | nclude your no                | on-filing          |
| If yo              | u or your non-filing spouse have m<br>e space, attach a separate sheet to   | ore than one employer, cothis form.                     | ombine the information                        | for all           | empl           | oyers for t       | that pers           | on on the                | lines below. If               | f you need         |
|                    |   |   |   |                   |                | For Debt          | tor 1               |                          | btor 2 or<br>ing spouse       |                    |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |   |   | 2.                | \$             | 4,0               | 088.880             | \$                       | N/A                           | =                  |
| 3.                 | Estimate and list monthly over  | time pay.   |   | 3.                | +\$            |                   | 0.00                | +\$                      | N/A                           | -                  |
| 4                  | Calculate gross Income. Add li  | ne 2 + line 3   |   | 4                 | \$             | 4 08              | 8 80                | s                        | N/A                           |                    |

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| Debto | or 1               | Tiffany Nicole Barmore  |            | С        | ase n    | number (if kno | vn) |        |                    |                |                   |
|-------|--------------------|---|------------|----------|----------|----------------|-----|--------|--------------------|----------------|-------------------|
|       |                    |   |            |          | For I    | Debtor 1       |     |        | Debtor<br>filing s | 2 or spouse    |                   |
|       | Cop                | by line 4 here  | 4.         | -        | \$       | 4,088.         | 80  | \$     | 9                  | N/A            | _                 |
| 5.    | l ist              | all payroll deductions:   |            |          |          |                |     |        |                    |                |                   |
|       | <b>5</b> a.        | Tax, Medicare, and Social Security deductions   | 5a.        |          | \$       | 466.           | 1.1 | \$     |                    | N/A            |                   |
|       | 5b.                | Mandatory contributions for retirement plans  | 5b.        |          | \$       |                | 00  | \$     |                    | N/A            | _                 |
|       | 5c.                | Voluntary contributions for retirement plans  | 5c.        |          | \$       |                | 00  | \$     |                    | N/A            | _                 |
|       | 5d.                | Required repayments of retirement fund loans  | 5d         | . :      | \$       |                | 00  | \$     |                    | N/A            |                   |
|       | 5e.                | Insurance   | 5e.        | . :      | \$       | 0.             | 00  | \$     |                    | N/A            | <u> </u>          |
|       | 5f.                | Domestic support obligations  | 5f.        |          | \$       |                | 00  | \$     |                    | N/A            | _                 |
|       | 5g.                | Union dues  | 5g.        |          | \$       | 42.            |     | \$     |                    | N/A            | _                 |
|       | 5h.                | Other deductions. Specify: Charity  | _ 5h.      | .+ :     | \$       | 4.             | 33  | + \$   |                    | N/A            | <u> </u>          |
| 6.    | Add                | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.         | 9        | S        | 512.           | 98  | \$     |                    | N/A            | <u>\</u>          |
| 7.    | Cal                | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | 9        | <u> </u> | 3,575.         | 82  | \$     |                    | N/A            | <u>\</u>          |
|       | <b>List</b><br>8a. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   |            |          |          |                |     |        |                    |                |                   |
|       |                    | monthly net income.   | 8a.        |          | \$       | 0.             | 00  | \$     |                    | N/A            | <u> </u>          |
|       | 8b.                | Interest and dividends  | 8b         | . :      | \$       | 0.             | 00  | \$     |                    | N/A            | <u> </u>          |
|       | 8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.        |          | \$       | 0              | 00  | \$     |                    | N/A            |                   |
|       | 8d.                | Unemployment compensation   | 8d.        |          | \$       |                | 00  | \$     |                    | N/A            |                   |
|       | 8e.                | Social Security   | 8e         |          | \$       |                | 00  | \$     |                    | N/A            | _                 |
|       | 8f.                | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8f.        |          | \$<br>   |                | 00  | \$<br> |                    | N/A<br>N/A     |                   |
|       | 8g.<br>8h.         |   | 8g.<br>8h. |          | \$<br>   |                | 00  | *      |                    | N/A            | _                 |
|       | OII.               | Other monthly income. Specify:  | _ 011      |          | <u> </u> | 0.             |     | '      |                    | IN/A           | <u>`</u>          |
| 9.    | Add                | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$       |          | 0.             | 00  | \$     |                    | N/             | Α                 |
| 10.   | Cal                | culate monthly income. Add line 7 + line 9.   | 10.        | \$       | 3        | 3,575.82       | \$  |        | N/A                | = \$           | 3,575.82          |
|       |                    | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |            | <b>-</b> |          | 7,0:0:0        | -   |        |                    | * -            | 0,010.02          |
|       | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:                            | depe       |          |          |                |     |        | chedul<br>11.      |                | 0.00              |
|       |                    | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certallies   |            |          |          |                |     |        | 12.                | \$             | 3,575.82          |
| 13.   | Dο                 | you expect an increase or decrease within the year after you file this form   | ?          |          |          |                |     |        | ι                  | Combi<br>month | ined<br>ly income |
|       |                    | No.   |            |          |          |                |     |        |                    |                |                   |

Official Form 106I Schedule I: Your Income page 2

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| EIII       | in this informa                                 | tion to identify y  | our occo:                |   |                            | 1                |  |                               |
|------------|---|---|--------------------------|---|----------------------------|------------------|--|-------------------------------|
|            | III IIIIS IIIIOIIIIa                            | non to identity y   | our case.                |   |                            |                  |  |                               |
| Deb        | otor 1  | Tiffany Nico  | le Barmo                 | re  |                            |                  | ck if this is:                         |                               |
| Deb        | otor 2  |   |                          |   |                            | _                | An amended filing<br>A supplement show | ving postpetition chapter     |
| (Spo       | ouse, if filing)                                |   |                          |   |                            |                  | 13 expenses as of                      |                               |
| Unit       | ed States Bankro                                | uptcy Court for the   | NORTH                    | IERN DISTRICT OF ILLIN                                  | OIS                        | -                | MM / DD / YYYY                         |                               |
| Cas        | e number  |   |                          |   |                            |                  |  |                               |
| (If kı     | nown)   |   |                          |   |                            |                  |  |                               |
| Of         | fficial Fo                                      | rm 106.I  |                          |   |                            | -                |  |                               |
|            |   | J: Your   | Fyner                    | 1808  |                            |                  |  | 12/1                          |
| Be<br>info | as complete a                                   | and accurate as   | s possible<br>eded, atta | . If two married people a<br>ach another sheet to this  |                            |                  |  | or supplying correct          |
| Par<br>1.  | t 1: Descr<br>Is this a join                    | ibe Your House<br>nt case?  | ehold                    |   |                            |                  |  |                               |
|            | ■ No. Go to                                     | line 2.   | in a separ               | rate household?   |                            |                  |  |                               |
|            | □ No  | 0   | •                        | ial Form 106J-2, <i>Expense</i>                         | s for Separate Hous        | ehold of Deb     | otor 2.                                |                               |
| 2.         |   | e dependents?   |                          | , <b>,</b>  | •                          |                  |  |                               |
|            | Do not list Do and Debtor 2                     | ebtor 1   | Yes.                     | Fill out this information for each dependent            | Dependent's relati         |                  | Dependent's age                        | Does dependent live with you? |
|            | Do not state                                    | the   |                          |   |                            |                  |  | □ No                          |
|            | dependents                                      |   |                          |   | Son                        |                  | 2                                      | ■ Yes                         |
|            |   |   |                          |   |                            |                  |  | □ No                          |
|            |   |   |                          |   | Son                        |                  | 6                                      | Yes                           |
|            |   |   |                          |   | Son                        |                  | 9                                      | □ No<br>■ Yes                 |
|            |   |   |                          |   |                            |                  | <del>-</del>                           | □ No                          |
|            |   |   |                          |   | Son                        |                  | 14                                     | ■ Yes                         |
| 3.         | expenses of yourself and                        | enses include<br>f people other t<br>d your depende<br>ate Your Ongoi | han<br>nts?              | No<br>Yes   |                            |                  |  |                               |
| Est<br>exp | imate your ex                                   | penses as of y  | our bankr                | uptcy filing date unless yey is filed. If this is a sup |                            |                  |  |                               |
| the        | lude expense<br>value of such<br>ficial Form 10 | n assistance an   | non-cash<br>d have in    | government assistance cluded it on <i>Schedule I:</i>   | if you know<br>Your Income |                  | Your expe                              | enses                         |
| 4.         |   | or home owners  |                          | nses for your residence.                                | Include first mortgag      | ge<br>4. \$      |  | 464.00                        |
|            | , ,   | led in line 4:  | g.ounu (                 |   |                            | ·                |  |                               |
|            |   |   |                          |   |                            |                  |  |                               |
|            |   | estate taxes<br>rty, homeowner'                                       | s or rento               | 's insurance  |                            | 4a. \$<br>4b. \$ |  | 0.00<br>0.00                  |
|            | •   | •   |                          | upkeep expenses   |                            | 40. \$<br>4c. \$ |  | 50.00                         |
|            | 4d. Home  | owner's associa   | tion or con              | dominium dues   |                            | 4d. \$           |  | 0.00                          |
| 5.         | Additional n                                    | nortgage paym   | ents for yo              | our residence, such as ho                               | me equity loans            | 5. \$            |  | 0.00                          |

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| btor 1                  | Liftany Nice   | ole Barmore   |   | _ Case num                     | ber (if known) |                             |
|-------------------------|--|---|---|--------------------------------|----------------|-----------------------------|
| Utilit                  | ies:   |   |   |                                |                |                             |
| 6a.                     |  | at, natural gas   |   | 6a.                            | \$             | 100.00                      |
| 6b.                     |  | , garbage collection  |   | 6b.                            |                | 0.00                        |
| 6c.                     | •  | ell phone, Internet, satellit   | te. and cable services                  | 6c.                            |                | 223.00                      |
| 6d.                     | Other. Specif  |   | ,                                       | 6d.                            | · —            | 0.00                        |
|                         |  | eping supplies  |   | 7.                             | \$             | 1,000.00                    |
|                         |  | dren's education costs  |   | 8.                             | \$             | 188.00                      |
|                         |  | and dry cleaning  |   | 9.                             | ·              | 250.00                      |
|                         |  | lucts and services  |   | 10.                            | *              | 150.00                      |
|                         | cal and denta  |   |   | 11.                            | ·              | 150.00                      |
|                         |  | clude gas, maintenance, b   | ous or train foro                       | 11.                            | Ψ              | 130.00                      |
|                         | ot include car p   |   | ous of train rate.                      | 12.                            | \$             | 250.00                      |
|                         |  |   | pers, magazines, and books              | 13.                            | \$             | 75.00                       |
|                         |  | utions and religious dor  | _ · · · · · · · · · · · · · · · · · · · | 14.                            | \$             | 0.00                        |
| Insu                    |  | and rongroup up   |   |                                | Ψ              | 0.00                        |
|                         |  | ance deducted from your   | pay or included in lines 4 or 2         | 0.                             |                |                             |
|                         | Life insurance   | •   | , , ,                                   | 15a.                           | \$             | 67.00                       |
|                         | Health insura  |   |   | 15b.                           |                | 0.00                        |
|                         | Vehicle insura   |   |   | 15c.                           | ·              | 91.00                       |
|                         | Other insurar  |   |   | 15d.                           | *              | 0.00                        |
|                         |  |   | our pay or included in lines 4 c        |                                | ·              | 0.00                        |
| Spec                    |  | ao taxoo aoaaotoa nom y   | car pay or moradoa in intect it         | 16.                            | \$             | 0.00                        |
|                         | Ilment or leas   | e payments:   |   |                                | ·              | 0.00                        |
|                         | Car payments   |   |   | 17a.                           | \$             | 300.00                      |
|                         | Car payments   |   |   | 17b.                           | \$             | 0.00                        |
|                         | Other. Specif  |   |   | 17c.                           | \$             | 0.00                        |
|                         | Other. Specif  |   |   | 17d.                           | ·              | 0.00                        |
|                         |  |   | and support that you did not            |                                | ·              | 0.00                        |
|                         |  |   | le I, Your Income (Official Fo          |                                | \$             | 0.00                        |
| Othe                    | r payments yo  | u make to support othe  | ers who do not live with you.           |                                | \$             | 0.00                        |
| Spec                    |  |   | -                                       | 19.                            |                |                             |
| Othe                    | r real property  | expenses not included   | I in lines 4 or 5 of this form o        | or on Schedule I: Y            | our Income     | 9.                          |
|                         |  | other property  |   | 20a.                           |                | 0.00                        |
| 20b.                    | Real estate ta   | ixes  |   | 20b.                           | \$             | 0.00                        |
| 20c.                    | Property, hon  | neowner's, or renter's insu   | urance                                  | 20c.                           | \$             | 0.00                        |
| 20d.                    | Maintenance,   | repair, and upkeep exper  | nses                                    | 20d.                           | \$             | 0.00                        |
|                         |  | association or condomin   |   | 20e.                           |                | 0.00                        |
|                         |  |   | lays, Holidays, Haircuts                |                                | +\$            | 150.00                      |
|                         | opconyi  | moccharicous, Birtina   | lays, Hondays, Hancuts                  |                                | -Ψ             | 100.00                      |
|                         |  | nthly expenses  |   |                                |                |                             |
|                         | Add lines 4 thr  | 0   |   |                                | \$             | 3,508.00                    |
| 22b.                    | Copy line 22 (r  | nonthly expenses for Deb  | otor 2), if any, from Official Forr     | n 106J-2                       | \$             |                             |
| 22c.                    | Add line 22a a   | nd 22b. The result is your  | r monthly expenses.                     |                                | \$             | 3,508.00                    |
|                         |  |   | •                                       |                                | · —            | 2,222.30                    |
|                         | •  | nthly net income.   |   |                                | •              | - <b>-</b>                  |
|                         |  | your combined monthly in  | ,                                       | 23a.                           |                | 3,575.82                    |
| 23b.                    | Copy your mo   | onthly expenses from line   | 22c above.                              | 23b.                           | -\$            | 3,508.00                    |
|                         |  |   |   |                                |                |                             |
| 23c.                    |  |   | your monthly income.                    | 220                            | \$             | 67.82                       |
|                         | The result is  | our monthly net income.   |   | 230.                           | ۳              |                             |
| Do 14                   | ou expect an   | norease or decrease in  | your expenses within the ve             | ar after you file this         | form?          |                             |
|                         |  |   |   |                                |                | ease or decrease because of |
|                         |  | is of your mortgage?  | cacan main the year of do you e         |                                | .,             | sass of accidate because of |
|                         |  | , 50  |   |                                |                |                             |
|                         |  | rolain hara:  |   |                                |                |                             |
| 23c. <b>Do y</b> For ex | Subtract your The result is you expect an it cample, do you exication to the term o. | monthly expenses from y your monthly net income.  ncrease or decrease in appect to finish paying for your |   | 23c.<br>ar after you file this | \$ s form?     | ease or decrea              |

page 2

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| Fill in this inform             | nation to identify your                    | case:                    |                               |   |   |
|---------------------------------|--|--------------------------|-------------------------------|---|---|
| Debtor 1                        | Tiffany Nicole Ba                          |                          |                               |   |   |
|                                 | First Name                                 | Middle Name              | Last Name                     |   |   |
| Debtor 2<br>(Spouse if, filing) | First Name                                 | Middle Name              | Last Name                     |   |   |
| United States Bar               | nkruptcy Court for the:                    | NORTHERN DISTRIC         | T OF ILLINOIS                 |   |   |
| Case number(if known)           |  |                          |                               |   | ☐ Check if this is an amended filing          |
| Official Form  Declarati        | -  | n Individua              | l Debtor's Sch                | edules  | 12/15   |
| ·<br>You must file this         | form whenever you fi                       | le bankruptcy schedule   |                               | Making a false state                                    | ement, concealing property, or                |
|                                 | U.S.C. §§ 152, 1341, 1                     |                          | nkruptcy case can result in   | Tines up to \$250,000                                   | 0, or imprisonment for up to 20               |
| Sign                            | Below                                      |                          |                               |   |   |
| Did you pay                     | or agree to pay some                       | one who is NOT an atto   | orney to help you fill out ba | nkruptcy forms?   |   |
| ■ No                            |  |                          |                               |   |   |
| ☐ Yes. N                        | ame of person                              |                          |                               | ch <i>Bankruptcy Petitio</i><br>Signature (Official For | on Preparer's Notice, Declaration,<br>m 119). |
|                                 | ty of perjury, I declare true and correct. | that I have read the sui | mmary and schedules filed     | with this declaratio                                    | n and   |
| X _/s/ Tiffa                    | ny Nicole Barmore                          |                          | <b>x</b>                      |   |   |
|                                 | Nicole Barmore<br>e of Debtor 1            |                          | Signature of D                | ebtor 2   |   |

Date

Date March 18, 2016

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| Fill                                    | I in this inform                               | ation to identify you                      | r case:  |   |  |   |
|---|--|--|--|---|--|---|
|   | btor 1   | Tiffany Nicole Ba                          |  |   |  |   |
|   |  | First Name                                 | Middle Name  | Last Name   |  |   |
|   | btor 2<br>ouse if, filing)                     | First Name                                 | Middle Name  | Last Name   |  |   |
| Un                                      | ited States Ban                                | kruptcy Court for the:                     | NORTHERN DISTRICT C  | OF ILLINOIS   |  |   |
| C-0                                     | se number                                      |  |  |   |  |   |
|   | nown)  |  |  |   |  | heck if this is an<br>mended filing                   |
| St                                      |  | of Financial A                             | Affairs for Individ  |   |  | 12/15   |
| info                                    | rmation. If mo                                 |  | attach a separate sheet to   |   | equally responsible for sup<br>y additional pages, write yo  |   |
| Pa                                      | rt 1: Give De                                  | etails About Your Ma                       | rital Status and Where You   | Lived Before  |  |   |
| 1. What is your current marital status? |  |  |  |   |  |   |
|   | <ul><li>☐ Married</li><li>■ Not marr</li></ul> | ied  |  |   |  |   |
| 2.                                      | During the la                                  | st 3 years, have you                       | lived anywhere other than v  | where you live now?                                   |  |   |
|   | ■ No □ Yes. List                               | all of the places you I                    | ived in the last 3 years. Do no  | ot include where you live nov                         | v.   |   |
|   | Debtor 1 Pri                                   | or Address:                                | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:   | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>stat                       |  |  |  |   | nity property state or territor ico, Texas, Washington and V |   |
|   | ■ No □ Yes. Mak                                | ke sure you fill out <i>Sch</i>            | nedule H: Your Codebtors (Of   | ficial Form 106H).                                    |  |   |
| Pa                                      | rt 2 Explain                                   | the Sources of You                         | r Income   |   |  |   |
| 4.                                      | Fill in the total                              | amount of income yo                        | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part                        |  | ndar years?   |
|   | □ No ■ Yes. Fill                               | in the details.                            |  |   |  |   |
|   |  |  | Debtor 1   |   | Debtor 2   |   |
|   |  |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                   | Gross income<br>(before deductions<br>and exclusions) |
|   |  | of current year until<br>I for bankruptcy: | ■ Wages, commissions, bonuses, tips  | \$6,605.00  | ☐ Wages, commissions, bonuses, tips                          |   |
|   |  |  | ☐ Operating a business   |   | ☐ Operating a business                                       |   |

Official Form 107

Case 16-80659 Doc 1 Filed 03/18/16 Entered 03/18/16 12:11:41 Desc Main Document Page 31 of 47 **Tiffany Nicole Barmore** Case number (if known) Debtor 1 **Debtor 1** Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$34,329.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$30,587.76 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below... (before deductions and Describe below. (before deductions exclusions) and exclusions) For last calendar year: \$406.00 Unemployment (January 1 to December 31, 2015) List Certain Payments You Made Before You Filed for Bankruptcy Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an

| <ol><li>Are either Debtor 1's or Debtor 2's debts primarily consumer d</li></ol> |
|--|
|--|

individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more?

 $\square$  No. Go to line 7.

□ Yes List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

#### Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

□ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to

an attorney for this bankruptcy case.

| Creditor's Name and Address   | Dates of payment | Total amount paid | Amount you<br>still owe | Was this payment for  |
|---|------------------|-------------------|-------------------------|---|
| Kishwaukee Auto Corral<br>3336 Kishwaukee St.<br>Rockford, IL 61109 | Monthly          | \$300.00          | \$0.00                  | <ul> <li>☐ Mortgage</li> <li>☐ Car</li> <li>☐ Credit Card</li> <li>☐ Loan Repayment</li> <li>☐ Suppliers or vendors</li> <li>☐ Other</li> </ul> |

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Case number (if known) Document Debtor 1 Tiffany Nicole Barmore

| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |  |                      |                      |                         |                       |  |  |  |  |
|-----|--|--|----------------------|----------------------|-------------------------|-----------------------|--|--|--|--|
|     | ☐ Yes. List all payments to an insider   |  |                      |                      |                         |                       |  |  |  |  |
|     | Insider's Name and Address   | Dates of payment                                       | Total amount paid    | Amount you still owe | Reason for              | this payment          |  |  |  |  |
| 8.  | Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cos  |  | ments or transfer a  | any property on      | account of a d          | ebt that benefited an |  |  |  |  |
|     | <ul><li>No</li><li>☐ Yes. List all payments to an insider</li></ul>  |  |                      |                      |                         |                       |  |  |  |  |
|     | Insider's Name and Address   | Dates of payment                                       | Total amount paid    | Amount you still owe | Reason for Include cred | this payment          |  |  |  |  |
| Pai | t 4: Identify Legal Actions, Repossession  | s, and Foreclosures                                    | P                    | 2 2 2                |                         |                       |  |  |  |  |
| 9.  | Within 1 year before you filed for bankruptor. List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  | cy, were you a party in ar                             |                      |                      |                         |                       |  |  |  |  |
|     | Case title Case number   | Nature of the case                                     | Court or agency      |                      | Status of th            | e case                |  |  |  |  |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  Check all that apply and fill in the details below.  No  Yes. Fill in the information below.   |  |                      |                      |                         |                       |  |  |  |  |
|     | Creditor Name and Address  | Describe the Property                                  |                      |                      | <b>)</b>                | Value of the          |  |  |  |  |
|     |  | Explain what happened                                  |                      |                      |                         | property              |  |  |  |  |
|     | AAA Community Finance I, Inc.<br>Attn: Bankruptcy Dept.<br>3750 E State St.<br>Rockford, IL 61108  | Wages  ☐ Property was reposse ☐ Property was foreclose | essed.<br>eed.       |                      | 7/2015 - \$1<br>10/2015 |                       |  |  |  |  |
|     |  | Property was garnish                                   |                      |                      |                         |                       |  |  |  |  |
|     |  | ☐ Property was attache                                 | d, seized or levied. |                      |                         |                       |  |  |  |  |
|     | Heights Finance Corp. Attn: Bankruptcy Dept.   | Wages  |                      | 12/2<br>2/20         | 2015 -<br>116           | \$1,173.01            |  |  |  |  |
|     | 7707 Knoxville Ave #201<br>Peoria, IL 61614  | ☐ Property was reposse☐ Property was foreclos          |                      |                      |                         |                       |  |  |  |  |
|     |  | ■ Property was garnish                                 |                      |                      |                         |                       |  |  |  |  |
|     |  | ☐ Property was attache                                 | d, seized or levied. |                      |                         |                       |  |  |  |  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becal No  ☐ Yes. Fill in the details.   |  | luding a bank or fi  | nancial institutio   | on, set off any         | amounts from your     |  |  |  |  |
|     | Creditor Name and Address  | Describe the action the                                | creditor took        | Date take            | action was              | Amount                |  |  |  |  |

**Tiffany Nicole Barmore** Case number (if known) Debtor 1 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Springer Law Firm \$500.00 3/2016 \$500.00 2222 E State St. Suite 107 Rockford, IL 61104 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. П Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made

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Debtor 1 Tiffany Nicole Barmore

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details. |   |  |              |  |                |                                      |  |  |  |  |
|-----|--|---|--|--------------|--|----------------|--------------------------------------|--|--|--|--|
|     | Person Who Received Transfer Address   | Description and v   |  | payme        | be any property or<br>ents received or debts         | Date tran      | nsfer was                            |  |  |  |  |
|     | Person's relationship to you   |   |  | paid if      | n exchange   |                |                                      |  |  |  |  |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro  |   | y property to a  | self-settle  | d trust or similar device                            | e of which y   | ou are a                             |  |  |  |  |
|     | Yes. Fill in the details.  Name of trust   | Description and v   | value of the pro   | norty trans  | forrad   | Date Tra       | nsfer was                            |  |  |  |  |
|     | Name of trust  | Description and v   | alue of the prop   | perty trails | ierreu   | made           | ilsiei was                           |  |  |  |  |
| Par | rt 8: List of Certain Financial Accounts, Ins  | struments, Safe Deposi  | t Boxes, and St  | orage Unit   | s  |                |                                      |  |  |  |  |
| 20. | sold, moved, or transferred?   | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage |  |              |  |                |                                      |  |  |  |  |
|     | houses, pension funds, cooperatives, associations, and other financial institutions.  No   |   |  |              |  |                |                                      |  |  |  |  |
|     | Yes. Fill in the details.  | Loot 4 digito of  | ast 4 digits of Type of account or Date acc                                    |              |  |                | at balance                           |  |  |  |  |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)   | Last 4 digits of account number   | J.   |              | Date account was closed, sold, moved, or transferred |                | st balance<br>closing or<br>transfer |  |  |  |  |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables?  | ear before you filed for  | bankruptcy, ar   | ny safe dep  | oosit box or other depo                              | sitory for se  | ecurities,                           |  |  |  |  |
|     | No   |   |  |              |  |                |                                      |  |  |  |  |
|     | Yes. Fill in the details.  |   |  |              |  |                |                                      |  |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  |   | Who else had access to it?  Address (Number, Street, City, State and ZIP Code) |              |  | Do you have it |                                      |  |  |  |  |
| 22. | Have you stored property in a storage unit of  | or place other than your  | home within 1  | year befor   | e you filed for bankrup                              | tcy            |                                      |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |  |              |  |                |                                      |  |  |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, State and ZIP Code)   |  | Describe t   | the contents   | Do you have it |                                      |  |  |  |  |
| Par | rt 9: Identify Property You Hold or Control  | for Someone Else  |  |              |  |                |                                      |  |  |  |  |
| 23. | Do you hold or control any property that sor for someone.  |   | ude any propert  | ty you borr  | owed from, are storing                               | for, or hold   | d in trust                           |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |  |              |  |                |                                      |  |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)  |  | Describe t   | the property   |                | Value                                |  |  |  |  |
| Par | rt 10: Give Details About Environmental Info   | ormation  |  |              |  |                |                                      |  |  |  |  |
| _   |  |   |  |              |  |                |                                      |  |  |  |  |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 5 Case 16-80659 Doc 1 Filed 03/18/16 Entered 03/18/16 12:11:41 Desc Main Page 35 of 47
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**Tiffany Nicole Barmore** Debtor 1

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

|     | hazardous material, pollutant, contaminant, or similar term.   |   |  |      |   |                    |  |  |
|-----|--|---|--|------|---|--------------------|--|--|
| Rep | Report all notices, releases, and proceedings that you know about, regardless of when they occurred.   |   |  |      |   |                    |  |  |
| 24. | Has  | any governmental unit notified you that   | you may be liable or potentially liable                                    | un   | der or in violation of an environm                          | ental law?         |  |  |
|     |  | No  |  |      |   |                    |  |  |
|     |  | Yes. Fill in the details.   |  |      |   |                    |  |  |
|     |  | me of site<br>dress (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d    | Environmental law, if you know it                           | Date of notice     |  |  |
| 25. | Hav  | Have you notified any governmental unit of any release of hazardous material?   |  |      |   |                    |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |  |      |   |                    |  |  |
|     |  | me of site<br>dress (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d    | Environmental law, if you know it                           | Date of notice     |  |  |
| 26. | Hav  | lave you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. |  |      |   |                    |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |  |      |   |                    |  |  |
|     |  | se Title<br>se Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Na   | ture of the case  | Status of the case |  |  |
| Par | t 11:  | Give Details About Your Business or   | Connections to Any Business  |      |   |                    |  |  |
| 27. | Wit  | —<br>hin 4 years before you filed for hankrunt  | cy did you own a business or have a  | nv o | f the following connections to any                          | husiness?          |  |  |
|     | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?   A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time |   |  |      |   |                    |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |   |  |      |   |                    |  |  |
|     | ☐ A partner in a partnership   |   |  |      |   |                    |  |  |
|     | ☐ An officer, director, or managing executive of a corporation   |   |  |      |   |                    |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |   |  |      |   |                    |  |  |
|     | ■ No. None of the above applies. Go to Part 12.  |   |  |      |   |                    |  |  |
|     | Yes. Check all that apply above and fill in the details below for each business.   |   |  |      |   |                    |  |  |
|     |  | siness Name   | Describe the nature of the business  |      | Employer Identification number                              |                    |  |  |
|     | Address<br>(Number, Street, City, State and ZIP Code)  |   | Name of accountant or bookkeeper   |      | Do not include Social Security number or ITIN.              |                    |  |  |
| 28. |  | hin 2 years before you filed for bankrupt itutions, creditors, or other parties.  | cy, did you give a financial statement                                     | to a | Dates business existed<br>anyone about your business? Inclu | ude all financial  |  |  |
|     |  | No  |  |      |   |                    |  |  |
|     |  | Yes. Fill in the details below.   |  |      |   |                    |  |  |
|     | Ad   | me<br>dress<br>mber, Street, City, State and ZIP Code)  | Date Issued  |      |   |                    |  |  |
| _   |  |   |  |      |   |                    |  |  |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 6

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Debtor 1 Tiffany Nicole Barmore

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Tif                | fany Nicole Barm      | ore   |
|------------------------|-----------------------|---|
| Tiffany Nicole Barmore |                       | Signature of Debtor 2   |
| Signat                 | ture of Debtor 1      |   |
| Date                   | March 18, 2016        | Date  |
| Did you                | u attach additional p | pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| No                     |                       |   |
| ☐ Yes                  |                       |   |
| Did you                | ı pay or agree to pa  | y someone who is not an attorney to help you fill out bankruptcy forms?                                 |
| No                     |                       |   |
| ☐ Yes.                 | Name of Person        | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).     |

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| Fill in this inforr  | mation to identify your   | case:   |   |   |                     |
|--|---|---|---|---|---------------------|
| Debtor 1   | Tiffany Nicole Ba   | rmore   |   |   |                     |
|  | First Name  | Middle Name   | Last Name   |   |                     |
| Debtor 2   | First Name  | Middle Name   | Last Name   |   |                     |
| (Spouse if, filing)  |   | Middle Name   | Last Name   |   |                     |
| United States Ba   | nkruptcy Court for the:   | NORTHERN DIS  | TRICT OF ILLINOIS   |   |                     |
| Casa number  |   |   |   |   |                     |
| Case number  |   |   |   | ☐ Check if this is a                                    | n                   |
|  |   |   |   | amended filing  | •                   |
| If you are an indi creditors have you have leas You must file this | ividual filing under cha<br>e claims secured by you<br>ded personal property a<br>s form with the court w | pter 7, you must fi<br>ur property, or<br>and the lease has r<br>vithin 30 days after |   | the date set for the meeting of credite                 |                     |
|  |   | r in a joint case, bo   | oth are equally responsible for supplyir  | g correct information. Both debtors n                   | nust                |
|  | and accurate as possib<br>our name and case nur   |   | s needed, attach a separate sheet to th   | s form. On the top of any additional p                  | ages,               |
| Part 1: List Yo  | our Creditors Who Hav   | e Secured Claims  |   |   |                     |
| 1 For any credite  | ors that you listed in P  | art 1 of Schedule [   | o: Creditors Who Have Claims Secured  | by Property (Official Form 106D) fill i                 | n the               |
| information be   |   | art i oi ochedale i   | . Orealtors who have claims occured   | by Froperty (Official Form 100 <i>D)</i> , fill f       |                     |
| Identify the cre   | editor and the property t   | hat is collateral   | What do you intend to do with the preserves a debt?   | operty that Did you claim the pro<br>as exempt on Sched |                     |
|  |   |   |   |   |                     |
| Creditor's K   | ishwaukee Auto Cor  | rral  | ☐ Surrender the property.   | □ No  |                     |
| name:  |   |   | ☐ Retain the property and redeem it.  | _   |                     |
| Description of   | 2007 Buick LaCree   | 200 174 000   | Retain the property and enter into a  | ■ Yes   |                     |
|  | 2007 Buick LaCros miles   | SSE 174,000   | Reaffirmation Agreement.  |   |                     |
| property securing debt:  |   |   | ☐ Retain the property and [explain]:  |   |                     |
| securing debt.   |   |   |   |   |                     |
| Part 2: List Yo  | our Unexpired Persona   | l Property I eases  |   |   |                     |
| For any unexpire in the informatio                                 | ed personal property le<br>n below. Do not list rea   | ase that you listed<br>al estate leases. Ur   | in Schedule G: Executory Contracts an<br>nexpired leases are leases that are still<br>the trustee does not assume it. 11 U.S. | in effect; the lease period has not yet                 | 6G), fill<br>ended. |
| Describe your u  | nexpired personal pro   | nerty leases  |   | Will the lease be assume                                | 43                  |
|  | manifer on parademini paraj   | , <b>,</b>  |   |   |                     |
| Lessor's name:   |   |   |   | □ No  |                     |
| Description of lea<br>Property:                                    | ased  |   |   | □ v   |                     |
| i Toperty.   |   |   |   | ☐ Yes   |                     |
| Lessor's name:   |   |   |   | □ No  |                     |
| Description of lea   | ased  |   |   | L NO  |                     |
| Property:  |   |   |   | ☐ Yes   |                     |
|  |   |   |   | _   |                     |
| Lessor's name:   |   |   |   | □ No  |                     |

Statement of Intention for Individuals Filing Under Chapter 7

page 1

Official Form 108

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| B8 (Form 8) (12/08)  | Page 2   |
|--|--|
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased<br>Property:   | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased<br>Property:   | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased<br>Property:   | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased<br>Property:   | ☐ Yes  |
| Part 3: Sign Below   |  |
| Under penalty of perjury, I declare that I have indicated my intention property that is subject to an unexpired lease. | about any property of my estate that secures a debt and any personal |
| X /s/ Tiffany Nicole Barmore   | X  |
| Tiffany Nicole Barmore   | Signature of Debtor 2  |
| Signature of Debtor 1  |  |
| Date March 18, 2016  | Date   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-80659 Doc 1 Filed 03/18/16 Entered 03/18/16 12:11:41 Desc Main Document Page 43 of 47

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Northern District of Illinois

| In re    | Tiffany Nicole Barmore  |  | Case No.   |                                    |                |  |
|----------|---|--|--|------------------------------------|----------------|--|
|          |   | Debtor(s)  | Chapter  | 7                                  |                |  |
|          | DISCLOSURE OF COMPE   | NSATION OF ATTOR   | NEY FOR DI   | EBTOR(S)                           |                |  |
|          | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filibe rendered on behalf of the debtor(s) in contemplation  | ing of the petition in bankruptcy,   | or agreed to be paid                                 | to me, for services re             |                |  |
|          | For legal services, I have agreed to accept   |  | \$   | 500.00                             |                |  |
|          | Prior to the filing of this statement I have received   |  |  | 500.00                             |                |  |
|          | Balance Due   |  |  | 0.00                               |                |  |
| 2.       | The source of the compensation paid to me was:  |  |  |                                    |                |  |
|          | ■ Debtor □ Other (specify):   |  |  |                                    |                |  |
| 3.       | The source of compensation to be paid to me is:   |  |  |                                    |                |  |
|          | ■ Debtor □ Other (specify):   |  |  |                                    |                |  |
| 4.       | ■ I have not agreed to share the above-disclosed com  | pensation with any other person u  | inless they are mem                                  | bers and associates of             | f my law firm. |  |
|          | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na  |  |  |                                    | aw firm. A     |  |
| 5.       | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |  |  |                                    |                |  |
|          | <ul> <li>a. Analysis of the debtor's financial situation, and rend</li> <li>b. Preparation and filing of any petition, schedules, sta</li> <li>c. Representation of the debtor at the meeting of credit</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applications of liens on how</li> </ul> | atement of affairs and plan which a<br>tors and confirmation hearing, and<br>reduce to market value; exe<br>ons as needed; preparation | may be required; d any adjourned hea mption planning | rings thereof; ; preparation and f | filing of      |  |
| 6.       | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding.   |  |  | es, relief from sta                | y actions or   |  |
|          |   | CERTIFICATION  |  |                                    |                |  |
|          | I certify that the foregoing is a complete statement of aroankruptcy proceeding.  | ny agreement or arrangement for p  | payment to me for re                                 | epresentation of the de            | ebtor(s) in    |  |
| <u> </u> | March 18, 2016  | /s/ Daniel A. Sprin  |  |                                    |                |  |
| I        | Date  | Daniel A. Springer<br>Signature of Attorney  |  |                                    |                |  |
|          |   | Springer Law Firm  |  |                                    |                |  |
|          |   | 2222 E State St  |  |                                    |                |  |
|          |   | Suite 107<br>Rockford, IL 6110   | 1  |                                    |                |  |
|          |   | 815.312.4725   | 7  |                                    |                |  |
|          |   | dspringerlaw@gm  | ail.com  |                                    |                |  |
|          |   | Name of law firm   | <u> </u>   |                                    |                |  |

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Desc Main

Springer Law Firm

2222 East State St. # 107, Rockford, IL

815.312.4275

#### **CHAPTER 7 RETAINER AGREEMENT**

The undersigned agrees to hire Springer Law Firm to represent the undersigned in a Chapter 7 bankruptcy and agrees to the following terms and conditions:

- The attorney fees for the Chapter 7 bankruptcy are \$500. This is a flat fee arrangement, and does not
  include the court costs, which are currently \$335. This is the total of your attorney fees, and Springer Law
  Firm will not charge you for additional work. However, if you refuse to cooperate, or fail to provide
  information as requested by our attorney, your case may be closed.
- 2. Fees paid to the firm become property of the firm upon payment. If before the case is filed, you decide to close out your case, Springer Law Firm will refund you any fees not earned. I assign to Springer Law Firm any amount paid towards court costs and filing fees. I authorize Springer Law Firm to transfer said funds to the firm's operating account if I decide not to file for bankruptcy, or if I breach this contract.
- 3. I agree to disclose all pertinent information to Springer Law Firm, so that the firm can properly disclose all my assets, debts, and financial history to the court. I agree to keep the firm informed on any new assets or debts I may incur from this date forward. If I do not provide the proper information, or do not cooperate with Springer Law Firm, said firm may withdraw from representation, with permission of the court.
- 4. I understand that I may not be able to protect all of my property. The bankruptcy code does not provide exemptions for everything, and as such, some of my property may be taken by the Trustee and sold. Additionally, if my income is too high, or if my income is not offset enough by my expenses, I understand that the Trustee may dismiss my case, or require me to file a Chapter 13 instead of a Chapter 7.
- 5. I understand that not all of my debts may be discharged in a Chapter 7 bankruptcy. Student loans, educational debts, undisclosed debt, support/maintenance, fines, debts incurred by fraud, future association/condo HOA dues, certain tax debts, or debts found non-dischargeable by a Judge are among the debts not dischargeable.
- 6. I understand that this retainer agreement is for bankruptcy representation only. Springer Law Firm will not represent me in any other case or legal matter, unless agreed to in a separate retainer agreement. This includes adversary proceedings that may fall under the bankruptcy case. This agreement does not include representation in such adversary proceedings.
- 7. I understand that all money paid towards attorney fees is non-refundable. I understand that once I pay Springer Law, that Springer Law begins work on my case. I understand that the majority of bankruptcy work is done prior to the filing of the case, and because of this the fees are earned even before the filing of the case.
- I understand that before I transfer or sell any property, or incur any new debt, I will first notify Springer Law Firm and consult on the impact such action will have on my bankruptcy.
- 9. I understand that I must take 2 classes pertaining to financial management and credit counselling. Failure to take these courses will result in either my case NOT being filed, or if filed, possibly dismissed. If my case is dismissed, I understand that I will have to pay to have my case re-opened by Springer Law Firm.
- 10. I have received the 11 U.S.C. § 527(a) disclosures and have read them.

Dated: 3/11/16

Signature 2000 G

Print Name: TIEfany Bar Mort

Attorney Signature:

Attorney Print:

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Tiffany Nicole Barmore                     |   | Case No.                    |                |
|-------|--|---|-----------------------------|----------------|
|       | -  | Debtor(s)                                 | Chapter 7                   |                |
|       | VI   | ERIFICATION OF CREDITOR M                 | IATRIX                      |                |
|       |  | Number of                                 | Creditors:                  | 14             |
|       | The above-named Debtor(s) (our) knowledge. | ) hereby verifies that the list of credit | tors is true and correct to | the best of my |
|       |  |   |                             |                |

AAA Community Finance Attn: Bankruptcy Dept. 5611 N 2nd St. Loves Park, IL 61111

Account Recovery Service Attn: Bankruptcy Dept. 5183 Harlem Rd Loves Park, IL 61111-3448

Banquet Financial Attn: Bankruptcy Dept. 607 Dundee Ave Elgin, IL 60120

Commonwealth Edison 3 Lincoln Center Attn: Bankruptcy Group/Claims Dept. Villa Park, IL 60181

Equifax PO Box 740256 Atlanta, GA 30374

Experian PO Box 4500 Allen, TX 75013

First Premier Bank Attn: Bankruptcy Dept. 3820 N Louise Ave Sioux Falls, SD 57107

Heights Finance Corp. Attn: Bankruptcy Dept. 7707 Knoxville Ave #201 Peoria, IL 61614

Kishwaukee Auto Corral 3336 Kishwaukee St. Rockford, IL 61109

Santander Consumer 8585 N Stemmons Fwy Suite 1000 Dallas, TX 75247 Santander Consumer USA PO Box 961245 Fort Worth, TX 76161

TransUnion 555 West Adams Street Chicago, IL 60661

US Dept. of Education PO Box 7860 Madison, WI 53707

Verizon Wireless Attn: Bankruptcy Dept. PO Box 26055 Minneapolis, MN 55426